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Bib Data Sheet

CONFIRMATION NO. 6158

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/756,814 | FILING DATE<br>01/09/2001<br><br>RULE | CLASS<br>380 | GROUP ART UNIT<br>2135 | ATTORNEY DOCKET NO.<br>9815/55092 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/597,101 06/20/2000 TBT

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* TBT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/23/2001

\*\* SMALL ENTITY \*\*

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature: <i>Thinks - b. Ten</i> Initials: <i>TBT</i>  | NH       | 9       | 10     | 3           |

## ADDRESS

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## TITLE

Method and apparatus for the compression and decompression of image files using a chaotic system

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>655 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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